# STATE OF HAWAII Department of Accounting and General Services Division of Public Works

## **MONTHLY ESTIMATE**

		1	FOR THE MON	TH OF	JUNE 2014	- c - c = -	
					Date:	June 24, 2014	
CONTRACTOR:	Commercial	Electric,	Inc.				
ADDRESS:	1010 Paapu	Street			Contract No.	60030	[]
City, State ZIP:	Honolulu, HI	96819			DAGS Job No.	12-20-2642	<u> </u>
PROJECT TITLE:	Hawaii State	Hospital	Various Locations, F	Replace Tr	ansformers & Swit	chgear	E.C.
CONTRACT					ECTION BRANCH USE	COMMENCEMENT REQUIRE	MENTS
Basic Contract A	mount	\$	760,000.00	DUE MON		[ ] PROJECT SCHEDULE	i i
			•	[ ] DAILY		[ TPAYROLL AFFIC	
					'ESTIMATE CHECKLIST	CONTRACT NUMBER	:
				PROJE	CT NAME AND LOCATION ED - WASTE REDUCTION PRO	ALL SIGNATURES	
CHANGE ORDE	RS			SPECIALT	Y/MISC:		
Total \$	160,728.00	_		(ii) AIR C	ONDITION ACCEPTANC	É ( ) PAINT ACCEPTAI	IGE
Adjusted Contrac	t Amount	\$	920,728.00			· <del>-</del>	
WORK ACCOME	N ISHED		Basic Contract		Change Order	<u>Tot</u>	:al
Completed to Dat		100.00%	<del></del>	100.00%		\$ 920,728.0	
Completed to Bal		100.00%	Ψ 700,000.00	100.00%	\$ 100,720.00	φ 920,720.0	<u>o</u>
Retained	REDUCED [	1	\$ 38,000.00	-1	\$ 8,036.00	\$ 46,036.0	0 0/
Amount Subject to	-		\$ 722,000.00	SH	\$ 152,692.00	\$ 874,692.0	— <i>G</i>
Payments to Date	-	Ī	\$ 710,538.00	709.840	\$ 152,692.00	\$ 863,230.0	
Payments Now D	ue	_	\$ <del>11,462.00</del>	2 160	\$ -	\$ 41,462.0	12,160
Payment No.	FINAL[]	12		$I' \rightarrow I$	OF HAD IN	POPMED THE	
Remarks: For projects alrea Completed, delete Statement		FO	R OFFICE USE ONLY		at the above bill is correct, ju	st, that payment has not been re are current, or proper deductive	Ceived and
Project Accep		AUGUS	/ 7 / 25 / JL	have been m	ade to this request, and least	: 80% of our workforce resides in bmitted all apprenticeship :	n Hawaii [ ]
Project Comp 1 Computed and Checked by:	oletion Date	AUGUSŢ	1,2013	forms.		omitto en appienticasino i	,ppi ovai
and K.	1/1	-	AUG 25 2014				
8. Recommended	Project Inspector or Engin	eer	Date		Commercia	Il Electric, Inc.	
Muud			AUG 2 5 2014	Name of Contr			
Ruchmenthies	Area Engineer/Architect		Date:	Æ			
CHAIR	for		AUG 2 5 2014	Nick W.	Teves, Jr.	6	6/24/14
/	Branch Chief or District En	9	Date:	By signature	Title:		Date
Roll	<b>A A C C</b>		O X / X	•			

#### **BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION**

#### STATE OF HAWAII

#### **Department of Accounting and General Services Division of Public Works**

For the Month of: JUNE 2014

**CONTRACTOR:** 

Commercial Electric, Inc.

Contract No.: 60030

PROJECT TITLE:

Hawaii State Hospital Various Locations, Replace Transl DAGS Job No.: 12-20-2642

			,,	2,,00			
ล							
PRIME CONTRACTOR	TRADE	LICENSE NO.	BASIC CONTRACT AMOUNT	COMPL. TO DATE	% CMPL	RETN %	CONTRACT AMOUNT RETAINED
Commercial Electric, Inc.	General Contractor	C-7215	\$724,600	\$724,600	100.00%	5%	\$36,230
							SUB-
		LICENSE	BASIC SUB-CONTRACT	COMPL.	<u>%</u>	RETN	CONTRACT AMOUNT
SUBCONTRACTOR	TRADE	NO.	AMOUNT	TO DATE	CMPL	<u>%</u>	RETAINED
Quality General	Concrete/Masonry	ABC-13362	\$35,400	\$35,400	100.00%		\$1,770
					#DIV/01	10%	\$0
					#DIV/01	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/01	10%	\$0

_	
[	\$760,000 \$760,000
	<del>*************************************</del>

BASIC CONTRACT - RETAINED FROM PRIME AND SUB	3 (A+I	В
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\$38,000

\$0

\$0

\$0

\$0

\$0

\$0

\$0

\$1,770 B

I certify that the above retentions are correct for this request.

Nick W. Teves, Jr., President

Total Retained from Subs

Name of Contractor

6/24/14

Date

By Signature

NOTE:

Columnar totals shall be equal in dollar value to that on

the Monthly Estimate Sheet

Checked/Verified by:

#DIV/01

#DIV/01

#DIV/0!

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\$35,400

\$35,400

10%

10%

10%

10%

10%

10%

10%

Initial - Project Inspector or Engineer

## **CHANGE ORDER - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION**

#### STATE OF HAWAII

#### **Department of Accounting and General Services Division of Public Works**

For the Month of: JUNE 2014

	CONTRACTOR: PROJECT TITLE:	Commercial Elect Hawaii State Hospit		Locations, Replace Tran		act No.: lob No.:		2642
CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER AMOUNT	COMPL. TO DATE	% CMPL	RETN %	CHANGE ORDER AMOUNT RETAINED
$\vdash$	Commercial Electric, Inc.	General Contractor	C-7215	\$160,728	\$160,728	100.00%	5%	\$8,036 A
Щ								
!	SUBCONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER SUB AMOUNT	COMPL. TO DATE	<u>%</u> CMPL	RETN %	CHANGE ORDER SUB AMOUNT RETAINED
_						#DIV/0i	10%	\$0
$\vdash$						#DIV/01	10%	\$0
						#DIV/01	10%	\$0
-						#DIV/01	10%	\$0
$\vdash$						#DIV/01	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
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L						#DIV/0!	10%	\$0
╙						#DIV/0!	10%	\$0
<u> </u>						#DIV/01	10%	\$0
$\vdash$						#DIV/01	10%	\$0
$\vdash$						#DIV/01	10%	\$0
$\vdash$	<u>-</u>	1	-			#DIV/01 #DIV/01	10% 10%	\$0 \$0
$\vdash$			-			#DIV/01	10%	\$0
$\vdash$						#DIV/01	10%	\$0
$\vdash$			<del> </del>			#D(4/0)	1070	
$\vdash$	Total Retained from Subs			\$0	\$0			\$0 B
<b>III</b>				\$160,728	\$160,728			
	CHANGE ORDER CO	ONTRACT - RETAIN	ED FROM	PRIME AND SUBS (A	·B)			\$8,036
	I certify that the above re	etentions are correct for	or this reque	st.				
						Checked/\	erified by	<u>r</u>
	Nick W. Teves, Jr., President					_	. 1	
	Name of Contractor						14	
	MID	•		6/24/14	l	1 700	1 2	ector or Engineer
				- 1				

Date

By Signature

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

# STATE OF HAWAII DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES DIVISION OF PUBLIC WORKS Monthly Payment Slip

**PAYMENT NO.: 12** 

PROJECT TITLE: HAWAII STATE HOSPITAL - VARIOUS LOCATIONS, REPLACE

TRANSFORMERS & SWITCHGEAR

**BILLING MONTH:** June-14

**DAGS JOB NO.:** 1 2-20-2642

CONTRACT NO.: 60030

CONTRACTOR: COMMERCIAL ELECTRIC INC.

VENDOR CODE: 270400

Original (	Contract Payment	Suffix: 1,3			
<u>Suffix</u>	Fund Symbol		Amount Earned	Retainage	Amount Due
03	B09-408M		\$12,800.00	\$640.00	\$12,160.00
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-		direction managed		annikkiya- vak uuma ma qaqaqiy arakuur on hamiyina-qa-kakiikiya makuun ma.	
			and the sign of th	er stader staders	
		Totals:	\$12,800.00	\$640.00	\$12,160.00
Change O	rder Payment	Suffix: 2, 4, 5, 6			
Suffix	Fund Symbol		Amount Earned	<u>Retainage</u>	Amount Due
		-	The state of the s		
			The state of the state of	and the second s	
				and the same of the same and the same and the same of	
		Totals:			
		Grand Total:	\$12,800.00	\$640.00	\$12,160.00

/erified By	till og hillstoreder som sommennennen gjern der det skaller kann och sommenne		DATE
(This Section fo	r Administrative Se	ervices Office Use Only)	
Vendor Code	270400		
Cost Code	3A1		
Voucher No.	82181	149	
Verified By	Pro	SEP -2 2014	